(Rev. February 1988)

Department of the Treasury Internal Revenue Service

Power of Attorney and Declaration of Representative

► See separate instructions.

OMB No. 1545-0150

Expires: 12-31-90

Pa	rt I Power of Attorney					L F	or IRS Use	Only
ت	Taxpayer(s) name(s)				Taxpayer identification number	File So	э.	
į	, , , , , , ,	Level						
or p						Recei		
pe	Address (number and street)				Plan number (if applicable)	Power		
e ty			_			Blind	Т.	
(Please type or print)	City, state, and ZIP code				Telephone number	Action		
٥	<u> </u>					Ret. Ind.		
ner	eby appoint(s) the following indiv	ridual(s)*			Address	ew	Telepho	
Name CAF Number		er	Address		Telephone Number			
_						-		
_		<u> </u>		<u></u>	lamat Para Control Control	llaveite i	av mett.	0) /022-15
as a	attorney(s)-in-fact to represent the type(s) of tax and year(s) or perion	he taxpayer(s) t od(s) (date of de	pefore eath it	e any office of the In festate tax)):	ternal Revenue Service for the fol	iowing t	ax rnatter(.	s) (specity
				Federal tax	Year(s) or pe	riod(s)		
	Type of tax (Individual, corporate, et	c.)	/1	form number .040, 1120, etc.)	(Date of death if		:)	
_			ļ					
			-					
		Abores]	cubioct to many	on to receive confidential informa-	ation and	to perform	n anv and
-II.	acts that the principal(c) can per	form with racha	act to 1	the above specified :	on, to receive confidential informatax matters (excluding the power	to receiv	e refuliu ci	niecks and
tho	nower to sign the return lunless	s specifically gra	anted	l below). See Regula	itions section 1.6012-1(a)(5) for i	informat	ion on retu	ırns made
by a	agents. (List excludable powers b	elow. Indicáte i	f you	are granting the pow	ver to sign the return.)			
								
					Programme and the second	acht.	<u> </u>	inter for
	Send originals of all notices and	l all other writte	n con	nmunications in pro	ceedings involving the above tax r	natters t	o the appo e or	untee first
_					mmunications to the taxpayer nam			ahove to
		all other writter	n com	nmunications addres	ssed to the taxpayer(s) in proceed	uings inv	owing the	anove tax
	matters to:	- 6 .						
	the appointee first named	above, or						
2	2 (names of not more than t	wo of the appoi	ntees	named above)				
ln:	ial here • if you a	re granting the	าดพคร	to receive hut not t	o endorse or cash, refund checks	for the a	bove tax m	atters to :
			POWEL	to receive, put not t	s., as roo or quoting rotating citicons	u	contil	
			oninto	es) ►				
	•	_						
Th	is power of attorney revokes all ea e same tax matters and years or p	arlier powers of	attori	ney and tax informat	tion authorizations on file with the except the following:	Internal	Revenue (service for
ιne	same tax matters and years or p	Jenous Covereu	ייא נווו	o pomoi oi attoilley,				
								
	(Charifuta whom	anted date and add	Iress in	cluding ZIP code or refer	to attached copies of earlier powers and aut	horizations		
<u>e:</u>		unicu, uaic, anu aut						
رار <u>د</u>	gnature of or for taxpayer(s) signed by a corporate officer, pa	ortner or fiduois	arv or) behalf of the tayna	ayer, I certify that I have the auth	oritv to e	execute thi	s power o
att	signed by a corporate officer, pa orney on behalf of the taxpayer.)	inition, or muuck	ال و ده	. Someth of the taxpe	ayan, a aanan anaca mara cha aath	, (,
	(Signature	e)			(Title, if applicable)		(Date)
(Al:	so type or print your name below if signing	tor a taxpayer who i	ıs not aı	n ingividual.)				
	(Signature				(Title, if applicable)		· · · · · · · · · · · · · · · · · · ·	Date)
* Y	ou may authorize an organization, firm,	, or partnership to	receive	e confidential informatio	on, but your representative must be an in	dividual w	ho must con	plete Part II

Form 2848 (Rev. 2-88)		Page 2				
If the power of attorney is granted to a person other than taxpayer(s) signature must be witnessed or notarized believe are recognized to practice before the Internal Revenu	low. (The representative must complete Part II. List	gent, or enrolled actuary, the representatives there only if				
The person(s) signing as or for the taxpayer(s): (Check	and complete one.)					
\square is/are known to and signed in the presence of the t	two disinterested witnesses whose signatures appea	r here:				
(Signa	(Date)					
(Signa	ature of Witness)	(Date)				
appeared this day before a notary public and acknowledge.	owledged this power of attorney as a voluntary act a	nd deed.				
Witness: (Signature of Notary)	(Date)	NOTARIAL SEAL (if required by state law)				
Part II Declaration of Representative						
Treasury Department Circular No. 230 (31 CFR, Part accountants, enrolled agents, enrolled actuaries, and other a member in good standing of the bar of the highest be duly qualified to practice as a certified public according certified as an agent under the requirements of Treasury and a bona fide officer of the taxpayer organization; be a full-time employee of the taxpayer; for a member of the taxpayer's immediate family (sporal fiduciary for the taxpayer; be an enrolled actuary (the authority of an enrolled actuary Department Circular No. 230); in Commissioner's special authorization (see instructions).	oyee of the taxpayer; e taxpayer's immediate family (spouse, parent, child, brother or sister); ne taxpayer; uary (the authority of an enrolled actuary to practice before the Service is limited by section 10.3(d)(1) of					
and that I am authorized to represent the taxpayer Designation (insert appropriate letter (state, etc.)	r identified in Part I for the tax matters specified ther Signature	e. Date				
from above list) or Enrollment Card Number						